NOV 2 3 2005

11 2809

PTO/SB/21 (04-04/ Approved for use through 07/31/2006. OMB 0651-8031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a 🗴 lection 🏍 Information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/616.871 Filing Date 7/10/03 First Named Inventor Du et al. Art Unit 3729 Tim Phan **Examiner Name** 0275Y-000431/CPD **Attorney Docket Number**

				<u> </u>			
		ENCLOSU	RES (check all that apply)	=:=			
Fee Transmittal Form		Drawing(s)	-	After Allowance Communication to Technology Center (TC)			
Fee Attached		Licensing-r	related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final		Petition to 0 Provisional	Convert to a I Application	Proprietary Information			
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
		Terminal D	isclaimer	Other Enclosure(s) (please identify below):			
Express Abandonment Request		Request for CD, Number	r Refund er of CD(s)		Return Postcard		
Information Disclosure Statement							
Certified Copy of Priority Document(s)		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 02-2548. A duplicate copy of this sheet is enclosed.					
Response to Missing Parts/ Incomplete Application			71000dill (10. 02 2040.	r dupile	ate copy of this sheet is enclosed.		
Response to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGNA	TURE OF APP	LICANT, ATTORNEY, O	R AGE	NT		
Firm or Harness, Dickey &		Pierce, P.L.C.	Attorney Name Roland A. Fuller III		Reg. No. 31,160		
Signature	29	. Zun	- (()				
Date	November 23, 2005						
	C	ERTIFICATE C	OF TRANSMISSION/MAIL	LING			

Label No. maria Date November 23, 2005

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Andrea Blendea

Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

EV 717 344 525 US (11/23/2005)

Express Mail

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the sperwork Reduction at of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			. Complete if Known							
		Application Number 10/616,871								
FEE TRANSMITTAL			ate	7/10/03						
for FY 2005			med Inventor	Du et al.						
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Tim Phan							
		Art Unit	Art Unit 3729							
TOTAL AMOUNT OF PAYMENT	(\$) 120	Attorney	/ Docket No.	0275Y-000431/CP	D	フ				
METHOD OF PAYMENT (check	all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :										
Deposit Account Deposit Acco		-	•	unt Name: Black	& Decker (U.S	5.) Inc.				
For the above-identified de	eposit account, the Directo	or is hereby a	authorized to: (check all that ap	ply)					
Charge fee(s) indicate	ated below		Charg	ge fee(s) indicate	d below, excep	ot for the filing fee				
Charge any addition	nal fee(s) or underpaymen	its of fee(s)	⊠ Credi	t any overpayme	nts .	-				
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION			· .	*···		· · · · · · · · · · · · · · · · · · ·				
1. BASIC FILING, SEARCH, A	ND EXAMINATION FE	ES								
FILING		ARCH FEES EXAMINATION								
Application Type Fee (\$	Small Entity) Fee(\$)	Fee(\$)	Small Entity Fee(\$)	/ <u>Fee(\$)</u>	Small Entity Fee(\$)	Fees Paid (\$)				
Utility 300		500	250	200	100	1 000 T did (0)				
Design 200	100	100	50	130	65					
Plant 200	100	300	150	160	80					
Reissue 300	150	500	250	600	300					
Provisional 200	100	0 ·	0	0	0					
2. EXCESS CLAIM FEES						Small Entity				
Fee Description					Fee (\$)	Fee (\$)				
Each claim over 20 (including R Each independent claim over 3 (50 200	25				
Multiple dependent claims	including Reissues)					100 180				
	Claims Fee(\$)	Fee	Fee Paid (\$)			Dependent Claims				
20 or HP= <u>0</u>	= 0	<u> </u>		Fee (\$						
HP = highest number of total claims	· -									
	Claims Fee(\$)	Fee	<u> Paid (\$)</u>							
3 or HP= <u>0</u>	X	= 0								
HP = highest number of independe	nt claims paid for, if greater tha	an 3.								
3. APPLICATION SIZE FEE If the specification and drawings e	avocad 100 shasts of manage	m (avaludina	ala atmani a alla	. 61- 4						
listings under 37 CFR 1.5	2(e)), the application size	fee due is \$2	250 (\$125 for	small entity) for	or computer each additiona	1 50				
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
= $\underline{0}$ /50 = $\underline{0}$ (round up to a whole number) x = $\underline{0}$										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Extension within first Month										
SUBMITTED BY										
Signature	1. Durly		Registration No. Attorney/Agent)	31,160	Telephone	248-641-1600				